

City of Milwaukee Voluntary Benefits Employee FAQ

1. What are Voluntary benefits?

Voluntary benefits are plans offered by the City of Milwaukee, but 100% paid for by the employee. Voluntary benefits supplement core benefit offerings, address additional employee needs and give employees the opportunity to tailor a benefit package that meets their specific circumstances. The City of Milwaukee offers Critical Illness, Accident and Short Term Disability insurance as well as Vision insurance on a voluntary basis through MetLife.

2. How do employees enroll in the new voluntary benefits for 2022?

The only way to enroll in Critical Illness, Accident and Short Term Disability Insurance is through the available Benefit Counselors during the Open Enrollment period. The Benefit Counselors are available over the phone or for in-person meetings at various City work locations.

- Visit www.enrollcityofmilwaukeebenefits.com to make a telephonic appointment or see locations where Benefit Counselors are available for in-person consultations.

3. What is Critical Illness Insurance?

Critical Illness is a supplement to the health plan and pays a lump sum benefit upon a verified diagnosis. The following medical conditions are examples of diagnoses covered by the critical illness plan:

- Cancer
- Stroke
- Severe Burn
- Coronary Artery Bypass Graft
- Loss of: Ability to Speak, Hearing or Sight
- Heart Attack
- Coma
- Major Organ Transplant
- Kidney Failure
- Paralysis

The lump sum payment can be used for expenses that may not be covered by the health plan such as a mortgage, childcare or groceries. See the [employee benefit guide](#) for additional plan details and pricing. Visit the voluntary benefits webpage www.milwaukee.gov/DER/benefits/VoluntaryBenefits for plan summaries, benefit overviews and FAQs.

4. What is Accident Insurance?

Accident Insurance acts as a supplement to the employee's health plan when you or a family member have an accident or injury. Once a covered event occurs, a lump-sum payment is made directly to the employee regardless of any other insurance coverage. The employee can decide how to spend the lump-sum payment that is received or it can be used to cover health insurance related expenses (deductibles, coinsurance, copays, etc.) from the care received. Employees are eligible to cover themselves and eligible family members. There could be multiple benefit payments for one accident.

There are four coverage tiers based on who the employee chooses to cover under the plan: Employee only, Employee+Spouse, Employee+Child(ren), and Employee+Spouse/Children. The price for the plan varies based on the coverage tier the employee enrolls in.

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Examples of covered events and medical services include:

- Medical treatment and hospital beds
- Fractures
- Second and third degree burns
- Emergency care
- Health screening benefit
- Therapy services
- Dislocations
- Concussions
- Lacerations
- Fractures
- Surgery

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5. What is Short Term Disability insurance?

Short Term Disability (STD) insurance replaces a portion of an employee's income while they are disabled. Generally, employees are considered disabled and eligible for short term benefits if, due to sickness, pregnancy or accidental injury, employees are receiving appropriate care and treatment; complying with the requirements of the treatment; are not gainfully employed; and due to an impairment are prevented from performing the material and substantial duties of their regular occupation.

The benefit amount is a flat dollar amount chosen by the employee in increments of \$100 per month. The minimum amount an employee can elect is \$400 per month. The maximum amount that can be elected is \$4,000 per month, not to exceed 60% of an employee's gross monthly earnings.

Benefits begin after the end of the elimination period (7 to 14 days) and continue for as long as the employee is disabled up to a maximum 6 months. The elimination period begins on the day employees become disabled and is the length of time they must wait while being disabled before they are eligible to receive a benefit. The elimination periods are/is as follows:

- Plan Option 1: For Injury: 7 days For Sickness (includes pregnancy): 7 days
- Plan Option 2: For Injury: 14 days For Sickness (includes pregnancy): 14 days

See the [employee benefit guide](#) for additional plan details and pricing. Visit the voluntary benefits webpage www.milwaukee.gov/DER/benefits/VoluntaryBenefits for plan summaries, benefit overviews and FAQs.

6. If someone is employed by the City, but on a leave of absence can they still use the voluntary benefits or do the benefits term once an employee is on leave?

Employees must be actively at work in order for benefits to be effective. Portability does apply to the critical illness and accident voluntary plans. If coverage is dropped due to a leave, MetLife will send the employee a conversion/portability notice (critical illness and accident only) that allows them to continue the plan directly through MetLife where they will be billed directly.

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Benefits are paid based on date of disability. Portability is in place to ensure coverage after the employee recovers and/or returns to work. Without portability, the employee does not have coverage after the disability ends. Claim payment continues, ongoing, up to full duration of 6 months, regardless whether they continue to pay premiums. However, the pre-ex condition exclusion kicks in at the next annual enrollment.

7. The terms for Short Term Disability state that the employee must not be gainfully employed. How is that defined? If an employee is on a leave is that still considered gainfully employed?

If an employee is actively employed and at work they are not eligible for benefits.

8. How is Short Term Disability impacted if someone is being paid through Worker's Compensation?

An employee cannot receive Short Term Disability if they are being paid for an injury related to work. MetLife will verify whether or not the disability is work-related and will not pay benefits for any disability which happens in the course of any work performed for wage or profit; or for which an employee is eligible to receive benefits under workers' compensation or a similar law.

9. If an employee is on Short-term Disability, do they have to continue to pay the premium?

There is no waiver of premium provision for Short Term Disability (unlike Long Term Disability) and the employee must continue to pay the premium for the duration of the benefit. MetLife continues to receive premium payments while the employee is on short term disability leave.

10. Is there ever an instance where multiple voluntary benefits could payout at the same time?

Benefit payouts for Short-Term Disability, Critical Illness and Accident do not offset each other. If an employee elects one or more coverage options, benefits will be paid, if appropriate, for all coverages elected.

11. How long are the rates guaranteed for the three new voluntary benefits starting in 2022?

Critical Illness and Accident insurance have a five year rate guarantee and Short Term Disability has a three year rate guarantee.

12. Do the voluntary benefits have a pre-existing conditions or require Evidence of Insurability (EOI)?

Critical Illness and Accident insurance do not have pre-existing conditions and no EOI is needed. The benefit payment for critical illness is based on the date of diagnosis. If a diagnosis is made before the effective date of the benefit, an employee will not receive a payout related to that illness. Short-term disability has a pre-existing condition timeframe of 12 months.

13. Are the voluntary benefit payouts taxed?

All voluntary benefit premiums are taken post-tax from an employee's paycheck and the voluntary benefit payouts are income tax free.

14. When do the new voluntary benefits start and when can employees start submitting claims?

Benefit pay outs for the new voluntary plans are based on the date of diagnosis/incident and must occur after the coverage start date. Employees that enrolled in the new voluntary benefit plans during open enrollment had their coverage start January 1st, 2022. Only diagnoses/incidents occurring after January 1st, 2022 will be covered.

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15. How does an employee file a claim for the new Voluntary Benefits?

Employees should contact MetLife directly to start the claim process 1-800-438-6388. Employees may also go to <https://mybenefits.metlife.com>. Information about filing a claim is also posted on DER's Voluntary Benefits Website www.milwaukee.gov/DER/benefits/VoluntaryBenefits

16. Can an employee enroll in STD if they have a child (but are not the mother)?

The STD benefits cover the employee only, providing a benefit in the event the employee is unable to work due to a disability. The STD benefit will not cover a spouse or dependent.

17. Who should employees call if they have questions regarding the new MetLife voluntary benefits?

Employees should call MetLife at 1-800-438-6388. Employees should provide their City of Milwaukee employee id (never SSN) when calling. Benefit pay outs for the new voluntary plans are based on the date of diagnosis/incident and must occur after the coverage start date.

18. For Short-Term Disability, Is the 60% cap of monthly earnings based on gross or net wages?

It is based on an employee's gross monthly salary earnings.